

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 29 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name Angela Y. Cockerham
Full Address Post Office Box 613 Magnolia, MS 39652-0613
Telephone 601.783.6600 Fax 601.783.3670
Contact Name Angela Cockerham Email angelacockerham@hotmail.com
Office Sought District 96 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2,800.00 \$ 200.00	\$ 3,000.00	\$ 3,000.00
Total amount of disbursements	\$ 300.00+ \$ 650.00	\$ 950.00	\$ 950.00
Total amount of cash on hand		\$ 5,130.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Angela Y. CockerhamReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast		1 / 21 / 09	\$ 200.00
Mailing Address 120 North Congress Street, Suite 640		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anheuser-Busch Companies		6 / 31 / 09	\$ 500.00
Mailing Address One Busch Place		___ / ___ / ___	\$
City, State, Zip Code St. Louis, MO 39118		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power Association of MS PAC		10 / 26 / 09	\$ 500.00
Mailing Address Post Office Box 3300		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39158		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Q. C. Holdings, Inc.		9 / 18 / 09	\$ 500.00
Mailing Address 9401 Indian Creek Parkway		___ / ___ / ___	\$
City, State, Zip Code Overland Park, KS 66210		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Angela Y. CockerhamReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT & T MS Political Action Committee		9 / 18 / 09	\$ 500.00
Mailing Address 175 East Capitol Street Landmark Center, RM 703		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Altria Group		11 / 13 / 09	\$ 500.00
Mailing Address 6601 West Broad Street		___ / ___ / ___	\$
City, State, Zip Code Richmond, VA 23230		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reynolds American		11 / 5 / 09	\$ 300.00
Mailing Address Post Office Box 2990		___ / ___ / ___	\$
City, State, Zip Code Winston - Salem, NC 27102		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Angela Y. Cockerham
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Bleak House Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3 / 16 / 09</u>	\$ 50.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Ad	Aggregate Year-to-date	\$ 50.00
B. Full name Elinor Bell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4 / 27 / 09</u>	\$ 100.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Wilkinson County Seniors May 24th	Aggregate Year-to-date	\$ 100.00
C. Full name Mr. David Green	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5 / 13 / 09</u>	\$ 300.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 300.00
D. Full name NAACP Youth Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6 / 26 / 09</u>	\$ 100.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution for D.C. Trip	Aggregate Year-to-date	\$ 100.00
E. Full name MS Free Will Baptist, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6 / 27 / 09</u>	\$ 50.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Ad	Aggregate Year-to-date	\$ 50.00
F. Full name Love Abroad	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>8 / 25 / 09</u>	\$ 50.00
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution for Destiny Martin	Aggregate Year-to-date	\$ 50.00

Name of Candidate or Committee Angela Y. CockerhamReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Wilkinson County High School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>9 / 23 / 09</u>	\$ 100.00
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Ad for Homecoming Parade	Aggregate Year-to-date	\$ 100.00
B. Full name	Angela Cockerham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10 / 13 / 09</u>	\$ 200.00
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Toll Fellows Program	Aggregate Year-to-date	\$ 200.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$